



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date June 25, 1976	1. Agency Address Department of Human Resources Division of Administration Patient Accounts Unit 47 Trinity Avenue, Rm 318-H Atlanta, Ga.	Application Number 76-221	
Application Number DHR-79		Date Received JUN 28 1976	Date Completed JUL - 6 1976
2. Person to Contact Gwen Brewster		Working Title Director	Telephone Number
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1972 Latest Present		5. Records Series Title (followed by title used in office; if different) Patient Accounts Medicaid Reimbursement Report Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Administration is responsible for providing administrative support to the Department. This includes general accounting services; budget development and management; general support services; data processing and management information systems; patient accounts services; and personnel services. The Patient Accounts Unit is responsible for actively investigating each patient's ability to pay upon entering any State hospital; applies and collects for cost of care from hospital. This office also receives Medicare insurance, Medicaid checks, personal net income or other benefits and applies them to individual accounts, checking to be sure there is no overpayment.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Documents relating to <u>recording the</u> receipt of Medicaid funds reimbursed to the State for services rendered to Medicaid clients residing in State Institutions. Included are: computer printouts identifying Patient Account #, billing month, patient name and description, social security #, county # and balance for services due; check copy of funds reimbursed to the State; copies of vouchers identifying institution, recipients of Medicaid funds and related information. File is arranged: chronologically by year thereunder alphabetically by institution.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>5</u> ; Seven to twelve months old <u>5</u> ; Thirteen to twenty-four months old <u>2</u> ; twenty-five months and older <u>1</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>10</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. <i>Financial figures included in Patient Summary Listing</i>
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <i>Most material duplicated in Institution's financial & fiscal records</i>
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>4</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Based on previous reference experience.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 1 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 3 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Dore Breuster</i>			

State Records Committee (Signature)		Date
State Auditor/Designee	<i>W. H. Hume</i>	<u>7-1-76</u>
Secretary of State/Designee	<i>Carroll Hart</i>	<u>6-30-76</u>
Attorney General/Designee	<i>M. J. Hill</i>	<u>7-2-76</u>

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)